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## ▮ Your National Provider Identifier Number and MassHealth

As of May 23, 2007, for applicable provider types, all paper and electronic claims that you submit to MassHealth must contain your national provider identifier (NPI) number. The NPI is a federal requirement from the Administrative Simplification mandate of the Health Insurance Portability and Accountability Act (HIPAA) and is used to identify health-care providers for billing purposes.

To ensure that MassHealth is able to process your claims without interruption, you must share your NPI with MassHealth as soon as possible.

### Collecting NPI Information

In preparation for meeting the compliance deadline, MassHealth is collecting and confirming NPI as well as other pertinent information to update our provider files.

The information you need to give MassHealth in order to meet the May 23 deadline includes:

- provider doing business as (DBA) name;
- provider DBA address;
- provider contact information (including e-mail address);
- tax identification number and/or social security number;
- MassHealth provider number;
- Medicare number;
- NPI number; and
- health-care-provider taxonomy code (mandatory).

To make the process as easy and efficient as possible, MassHealth has created some helpful tools to assist you in compiling and

sending your information to us. These tools are for use by most providers submitting professional or institutional paper and electronic claims to MassHealth.

### Submitting Your Information to MassHealth

Based on whether you submit 837 professional (P) or institutional (I) claims, you can submit an informational spreadsheet to MassHealth to update your file. When filling out these spreadsheets, be sure to use the Instructions for Completing the NPI Spreadsheet to make sure that all entries are complete and accurate. These tools are available on the MassHealth Web site through the February 2007 Feature of the Month page or from the link on our NPI home page, both of which can be accessed through [www.mass.gov/masshealth](http://www.mass.gov/masshealth). If you prefer paper copies of the spreadsheet and instructions, you can contact MassHealth Customer Service at [providersupport@mahealth.net](mailto:providersupport@mahealth.net) or call 1-800-841-2900 and request that the documents be faxed or e-mailed to you.

**Mark the date: May 23, 2007!**

If you are unsure which spreadsheet is applicable to your provider type, you can refer to the detailed table of provider types that bill for each transaction in the respective MassHealth 837P and 837I Companion Guides located in the MassHealth Provider Library on [www.mass.gov/masshealth](http://www.mass.gov/masshealth). Even if you submit paper claims, you can still refer to

these guides to determine which spreadsheet you need to complete.

Once you have completed the spreadsheet, please send it to MassHealth by e-mail at [npi@mahealth.net](mailto:npi@mahealth.net) or mail at:

MassHealth  
ATTN: NPI  
P.O. Box 9118  
Hingham, MA 02043.

After your information has been received and processed by MassHealth, you will be sent an e-mail notice confirming the information updated in your provider file. If you did not provide an e-mail address, a notice will be sent to your DBA mailing address.

### Special Circumstances

#### Dental Providers

MassHealth dental providers should contact the third-party administrator, Doral, at 1-800-207-5019 for more information.

#### Pharmacy Providers

Pharmacy providers should contact the ACS Technical Help Desk at 1-866-246-8503 or send an e-mail to [masshealth.provider@acs-inc.com](mailto:masshealth.provider@acs-inc.com) to update their provider file information for NPI.

#### Nonemergency Transportation and Rest Home Providers

MassHealth has determined that non-emergency transportation and rest-home provider types do not meet the definition of a health-care provider as outlined in the

*(continued on page 4)*

## Update on the Coordination of Benefits Contractor (COBC) and Medicare Crossover Claims

Please use this billing information to assist you when submitting your COBC and Medicare crossover claims.

### Institutional Part B Electronic Crossover Claims

MassHealth has received many inquiries concerning the pricing of Part B institutional crossover claims billed on the 837I transaction. MassHealth is currently reviewing the issue and will update providers in the near future. We thank you for your patience and apologize for any inconvenience that this may have caused.

### Claims Denied by Medicare

Medicare-denied claims received from the COBC will not be processed electronically until further notice. MassHealth is working toward a resolution and will keep providers informed of the status. During this time, you can continue to submit claims denied by Medicare directly to MassHealth, either on paper or by using the electronic coordination-of-benefits (COB) transaction, if you have been approved for COB billing.

Refer to the 837 Companion Guide found in the Provider Library on [www.mass.gov/masshealth](http://www.mass.gov/masshealth) for instructions on electronic COB billing. Even if you are already approved for electronic billing, you need to submit an additional test to be approved for COB billing.

### Assigned of Benefits Indicator Reminder

MassHealth requires that electronic crossover claims have an entry for the Assignment of Benefits Indicator in Loop 2300 Segment CLM07. Please be sure that this information is included on all your electronic claims submitted to Medicare. Failure to include this information could result in your claim being denied.

### Crossovers for Physician Services Billed with Professional Components

Certain institutional COBC claims for physician professional services when billed in conjunction with the technical component have erroneously denied for error 103 ("the claim is a duplicate of a previously paid claim"). MassHealth is working on a

resolution and will provide additional instructions in the near future.

In the interim, when the technical component has been paid, providers may resubmit the denied professional component claim directly to MassHealth either on paper, or electronically, using the COB transaction (if approved for electronic COB billing).

If you are resubmitting the claim on paper, please be sure to append modifier 26 to the appropriate service code and attach the Explanation of Medicare Benefits (EOMB) to the 1500 form. If you are resubmitting the claim using the electronic COB transaction, enter modifier 26 in Loop 2400 Segment SV101-3.

For additional information about these interim instructions, outpatient and inpatient providers can refer to *Acute Inpatient Hospital Provider Bulletin 127* (January 2004) in the MassHealth Provider Library on [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

## Stay Up-to-Date with MassHealth Provider Publications

### Get MassHealth News Delivered to Your Inbox

#### Update Newsletter

Are you getting *Update* delivered directly to your e-mail inbox? If not, signing up is as easy as sending a blank e-mail to [join-newsletter@listserv.state.ma.us](mailto:join-newsletter@listserv.state.ma.us) from your e-mail address. From articles on new program and policy changes to reminders about the billing process and procedures to helpful tips on how to integrate our automated solutions into your business practices, *Update* gives you an overview of what is going on at MassHealth. Signup to receive *Update* in your inbox so you do not miss out on what is happening at MassHealth.

### Have You Told Us Your Preferred Method of Communication?

MassHealth originally made the preferred method of communication option available to providers in April 2006. This option allows you to choose how you want to hear

about new MassHealth transmittal letters and provider bulletins that affect you.

Simply sign up for your preferred provider communication from postcard, e-mail, or paper copy (paper copies may take up to 10 additional days). To let us know your choice, go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and click on Choose Your Preferred Provider Communication Method in the Online Services box. Follow the instructions and complete all the required fields in the online form. Once you are done, and have selected your communication method from the pull-down options, click on Submit Form. That's it.

Don't forget—e-mail is the fastest way to get notified. MassHealth strongly recommends that providers sign up for e-mail notices to get the information that matters most to you as fast as possible.

### Reminder to Use the Online Publications Ordering Tool

We would like to remind providers to use the online publications search tool to download or order MassHealth forms and other publications (not including transmittal letters or provider bulletins). Search for publications such as claim forms and manuals by name, form number, or category. Using this tool to download publications is the fastest way to get the information that you need.

You do not need a Customer Service Web Account to download publications, but you do need one to order them for mail delivery. If you do not have an account, you can sign up today by going to [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and clicking on Order Provider Publications under the Online Services box, then clicking on Set Up a Customer Service Web Account. More information about this feature is available in *All Provider Bulletin 156* (August 2006) in the MassHealth Provider Library.

## Automated Solutions: A New Look for the Recipient Eligibility Verification System (REVS)

The Recipient Eligibility Verification System (REVS) and WebREVS, the Web site where you verify eligibility for MassHealth members, has changed its look again to make it even more user-friendly for providers. WebREVS still has the same functionality despite the revamped appearance. You can access REVS at [www.massrevs.eds.com](http://www.massrevs.eds.com).

New features have been added to help reduce the time it takes to verify eligibility. The following changes have been made to REVS.

- The Login and Change Password Web pages are now located on a new page.
- Entries for "Enter Date of Service" and "Date of Birth" can now be entered either manually or selected from a calendar.

- The data fields to perform name searches have been moved up on the WebREVS page. This is in response to the popularity of searching by name.
- The Claim Status Inquiry feature has been modified to save you time by significantly reducing data entry.

### REVS and Member Eligibility

If you aren't using REVS prior to each member visit, you are taking a chance with member eligibility on that day of service. Using REVS to verify member eligibility reduces the chance of your claim denying for an eligibility-related issue. Check out the November Feature of the Month on [www.mass.gov/masshealth](http://www.mass.gov/masshealth) to see the most common eligibility claim denials and how they can be avoided by using REVS.

Further information about the new appearance of this Web site, as well as the modifications, are detailed in *All Provider Bulletin 163*. You can access the provider bulletin from the MassHealth Provider Library located on [www.mass.gov/masshealth](http://www.mass.gov/masshealth) under the MassHealth Regulations and Other Publications link.

If you need to contact REVS, you can call the REVS HelpDesk at 1-800-462-7738, options 2 then 5, for more assistance.

Learn more about REVS on  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

## Revised Notification of Birth (NOB-1) Form

MassHealth has revised the NOB-1 form. The NOB-1 form has been used by hospitals to facilitate eligibility determinations and health-plan enrollment for newborns of MassHealth-eligible women. The NOB-1 form was revised to support the Commonwealth Care Health Insurance Program, also known as Commonwealth Care, which began on October 1, 2006.

The NOB-1 form has been updated to identify the mother's health plan as either a MassHealth or Commonwealth Care MCO.

### Enrollment Process for a Child Born to a Commonwealth Care Mother and For a Pregnant Woman Eligible for MassHealth

Most women enrolled in Commonwealth Care will be eligible for MassHealth once they become pregnant. If a pregnant woman's eligibility for MassHealth has been established before the birth of her child, the hospital must follow the regular process for a MassHealth-eligible newborn. In this case, any child born to a woman who is eligible for MassHealth Standard or Limited is automatically eligible for MassHealth Standard for one year from the date of birth if the child continues to live with the mother. A newborn of a

woman enrolled in a MassHealth MCO is enrolled in the mother's MCO, retroactive to the baby's date of birth.

### Pregnant Woman Enrolled in Commonwealth Care at Time of Birth

For a woman enrolled in Commonwealth Care who either is not eligible for MassHealth or whose MassHealth eligibility has not been established before the birth of her child, a different process will apply. When data about the newborn is entered into the eligibility system, the newborn child will be determined eligible for MassHealth Standard or Family Assistance.

MassHealth and Commonwealth Care eligibility and enrollment information is available by checking the MassHealth Recipient Eligibility Verification System (REVS).

### Use of Old NOB-1

Hospitals should start using the revised NOB-1 immediately. To minimize the impact of this change on providers, MassHealth will continue to accept the NOB-1 (Rev. 03/05) through February 2007. Until the new NOB-1 (Rev. 01/07) is in use, when the mother is enrolled in

a Commonwealth Care MCO, the hospital should write "Commonwealth Care" after the MCO name in the "Mother's Plan" area of Section 1 of the NOB-1 form when using the previous version.

### Requesting a Supply of the New Form

The NOB-1 form is a two-part carbonless form and is not available electronically. Requests for additional supplies of this form must be submitted in writing, and can be mailed or faxed to the following address.

MassHealth  
ATTN: Forms Distribution  
P.O. Box 9118  
Hingham, MA 02043  
Fax: 617-988-8973

For more information, and to view the revised NOB-1 form, refer to *Acute Inpatient Hospital Bulletin 133*, issued in January 2007. This bulletin is available in the MassHealth Provider Library under the MassHealth Regulations and Other Publications link on [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

## ■ Your National Provider Identifier (NPI) Number and MassHealth *(continued from page 1)*

NPI final rule and do not have to enumerate with an NPI. These provider types are exempt from submitting NPI information to MassHealth.

To learn more about NPI, go to the NPI page in the EDI and HIPAA Information section under the Information for MassHealth Providers link, or review the February 2007 Feature of the Month on the MassHealth Web site.

To access the feature, go to the Web site at [www.mass.gov/masshealth](http://www.mass.gov/masshealth) and click on Feature of the Month in the right-hand column under the Publications heading.

## ■ MassHealth Reminders

### Changes in the MassHealth Dental Program

Starting on February 1, 2007, MassHealth transitioned to a new third-party administrator (TPA) for the dental program. The new TPA, Doral, was introduced to MassHealth providers in special provider-education training sessions offered in January 2007. These sessions explained Doral's role, along with other changes to the MassHealth dental program, effective on February 1, 2007.

If you were unable to attend any of these trainings and would like more information about the transition, you can contact Doral at 1-800-207-5019.

### Reminder When Using Service Code T2003 for Day Habilitation Providers

When using Service Code T2003 (non-emergency transportation; encounter/trip) for transportation to and from a nursing facility for day-habilitation services, providers are limited to submitting a single claim for a maximum of two units per date of service using only one MassHealth member ID number (RID). Even if multiple MassHealth members will receive the same service at the same facility on the same day, only one claim under one of the appropriate RID numbers can be submitted for this service code.

For more information, refer to the Division of Health Care Finance and Policy regulations at 114.3 CMR 48.04(4)(B) at [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp).

### Electronic Submission of Claims that Require Attachments

For HIPAA-compliant 837 claims that require attachments, such as surgical notes or an invoice, a claim attachment form (CAF) will be mailed to you automatically once the claim is received by MassHealth. The CAF will state the additional applicable documentation needed, and must be completed and returned to MassHealth (with the required documentation) within 45 days of the date on the CAF.

Each CAF must have its own attachment. Multiple attachments for different services cannot be bundled with one CAF.

You can read more about how to submit these types of claims on the MassHealth Web site by clicking on the Information for MassHealth Providers link on [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### Do Not Alter Information on Invoices

When submitting an invoice with a prior-authorization request and/or claim, providers are reminded not to alter any information. This includes blackening or crossing out any of the information on the invoice. Any invoices received by MassHealth that have been altered in this manner will not be accepted.

### Publication Summary

MassHealth recently issued Transmittal Letters POD-55 and PHY-115 (December 2006) to inform providers of service codes

discontinued by the Centers for Medicare and Medicaid Services (CMS) and deleted by the American Medical Association Current Procedural Terminology (CPT) for 2007. Effective for dates of service on or after January 1, 2007, these discontinued and deleted codes will no longer be payable by MassHealth, and should be billed with replacement codes.

Replacement codes are Level 1 and Level 2 HCPCS codes from any year that replace the 2007 "deleted" codes. For some codes there is a one-to-one crosswalk; for other codes, the deleted code was mapped to more than one code. MassHealth will pay only for the new 2007 HCPCS code additions that are replacing the 2007 deleted codes, and will not be adopting any other 2007 HCPCS codes at this time.

MassHealth will be reviewing the remaining 2007 HCPCS code additions and changes to determine coverage policies and other requirements at a later time.

Transmittal Letters POD-55 and PHY-115 are available for download from the MassHealth Provider Library on [www.mass.gov/masshealth](http://www.mass.gov/masshealth) by clicking on Transmittal Letters under the MassHealth Regulations and Other Publications link.